FIVE HILLS REGIONAL HEALTH AUTHORITY

2002-2003

ANNUAL REPORT

HEALTHY CHOICES – HEALTHY PEOPLE

103-06666/

FIVE HILLS HEALTH REGION
455 Fairford Street East, Moose Jaw, Saskatchewan S6H 1H3

June 17, 2003

The Honourable J. Nilson
Minister of Health
Legislative Building
Regina, Saskatchewan
S4S 0B3

Dear Minister Nilson:

RE: Five Hills Health Region - 2002/2003 Annual Report

The Five Hills Regional Health Authority is pleased to provide its annual report to the Minister of Health and to the residents of the health region. This report provides the Region's audited financial status for the year ended March 31, 2003 as well as outlining the Region's activities and accomplishments for that period.

Yours truly,

Dale Toni
Chairperson

DT/dc

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MISSION, VISION, VALUES

A key component of the provincial government's strategic planning process is the publication of Department specific performance plans. The performance plan outlines Sask Health's vision, goals, objectives and performance measures for the coming year. A summary of the vision, goals and objectives for Sask Health in 2002/03 is as follows:

SASK HEALTH STRATEGIC PLAN/ACTION PLAN

VISION
Building a province of healthy people and healthy communities

Goal 1: Improved access to health services

- Responsive, coordinated Primary Health Care
- Reduce waiting times for surgical procedures
- Improve Emergency Medical Care
- Improved hospital, specialized services and long-term care

Goal 2: Effective health promotion and disease prevention

- Better promotion of health and disease prevention
- Improve the health of Northern and Aboriginal Communities

Goals 3: Retain, recruit and train health providers

- Improve utilization and availability of health human resources
- Develop representative work places
- Create healthier more effective work places

Goals 4: A sustainable, efficient, accountable and quality health system.

- Ensure quality, effective health care
- Appropriate governance, accountability and management for the health sector
- Sustain publicly funded and publicly administered Medicare

The Five Hills Regional Health Authority developed a statement of Mission, Vision, Values, Goals and Objectives in 2002/03. While these statements are unique to the Five Hills Health Region, they are consistent with the direction articulated in Sask Health's performance plan.

FIVE HILLS REGIONAL HEALTH AUTHORITY

MISSION

People helping people through quality services, education, co-operation, communication and healthy public policy.

VISION

Healthy choices – healthy people

VALUES

Respect and trust
Honesty and integrity
Accountability and evidence-based decision-making
Dedication and compassion
Collaboration and inclusion

Goal 1: Full Potential for Five Hills Regional Health Authority

The desired priority of Full Potential for Five Hills Regional Health Authority includes but is not limited to the following results:

- Moose Jaw Union Hospital reaches its full potential as a Level 1 Regional Centre
- Community hospitals in Assiniboia, Central Butte, and Gravelbourg reach their full potential.
- A co-ordinated primary health care system.
- Supportive Care services meet the needs of changing urban and rural demographics
- Facilities meet present and future needs.
- Public are confident that services are there when required.
    - People receive timely care in the most appropriate location.
    - Waiting times are reasonable.
    - Public know what services are available and how to access them.
    - Clients understand what may be expected from services offered.

Goal 2: Health promotion and Disease Prevention

The desired priority of Health Promotion and Disease Prevention includes but is not limited to the following results:

- An effective health promotion and disease prevention initiative
    - Address the determinants of health within our mandate.
- People have sufficient knowledge to enable them to make healthy choices.
    - Well-informed and knowledgeable clients and stakeholders.
- Appropriate community development activities.
- Healthy public policies.

Goals 3: Human Resources

The desired priority of Human Resources includes but is not limited to the following results:

- Five Hills Health Region is an employer of choice.
- Sustainable human resources.

Goals 4: A Sustainable Health System

The desired priority of a Sustainable Health System includes but is not limited to the following results:

- Effective, efficient, and appropriate use of resources
- An accountability reporting mechanism.
- Relationships with foundations, health care organizations and other stakeholders are well defined and effective,

GOVERNANCE AND ORGANIZATION

The *Regional Health Services Act, 2002* established the responsibilities and powers of the Minister of Health and Regional Health Authorities.

Responsibilities and Powers of the RHA:

- Assess health needs
- Develop operational plan
- Provide health services
- Coordinate health services
- Evaluate health services
- Promote health and wellness
- Any other that the Minister may direct

RHA Committee Structure:

The Five Hills Regional Health Authority has organized itself into the following Board Committees:

- CEO/Board Evaluation
- Executive
- Finance
- Public Affairs
- Policy
- Ethics
- Mental Health and Addiction Services
- Spiritual Care

Contracted Health Care Organizations (HCO):

The Five Hills Regional Health Authority has contracted the following health care organizations and private providers to deliver health services:

- Angus Campbell Centre (HCO)
- Thunder Creek Rehabilitation Association (HCO)
- Canadian Mental Health Association – Moose Jaw Branch (HCO)
- Moose Jaw & District EMS
- Wald Ambulance
- Providence Place (HCO)
- St. Joseph Hospital/Foyer d'Youville (HCO)
- Extendicare (HCO)

Community Advisory Structure:

The Regional Health Services Act Section 28 states:

(1) A regional health authority shall establish one or more community advisory networks for the health region for the purpose of providing the regional health authority with advice respecting the provision of health services in the health region or any portion of the health region.

(2) The minister may provide directions to regional health authorities with respect to the establishment and composition of community advisory networks.

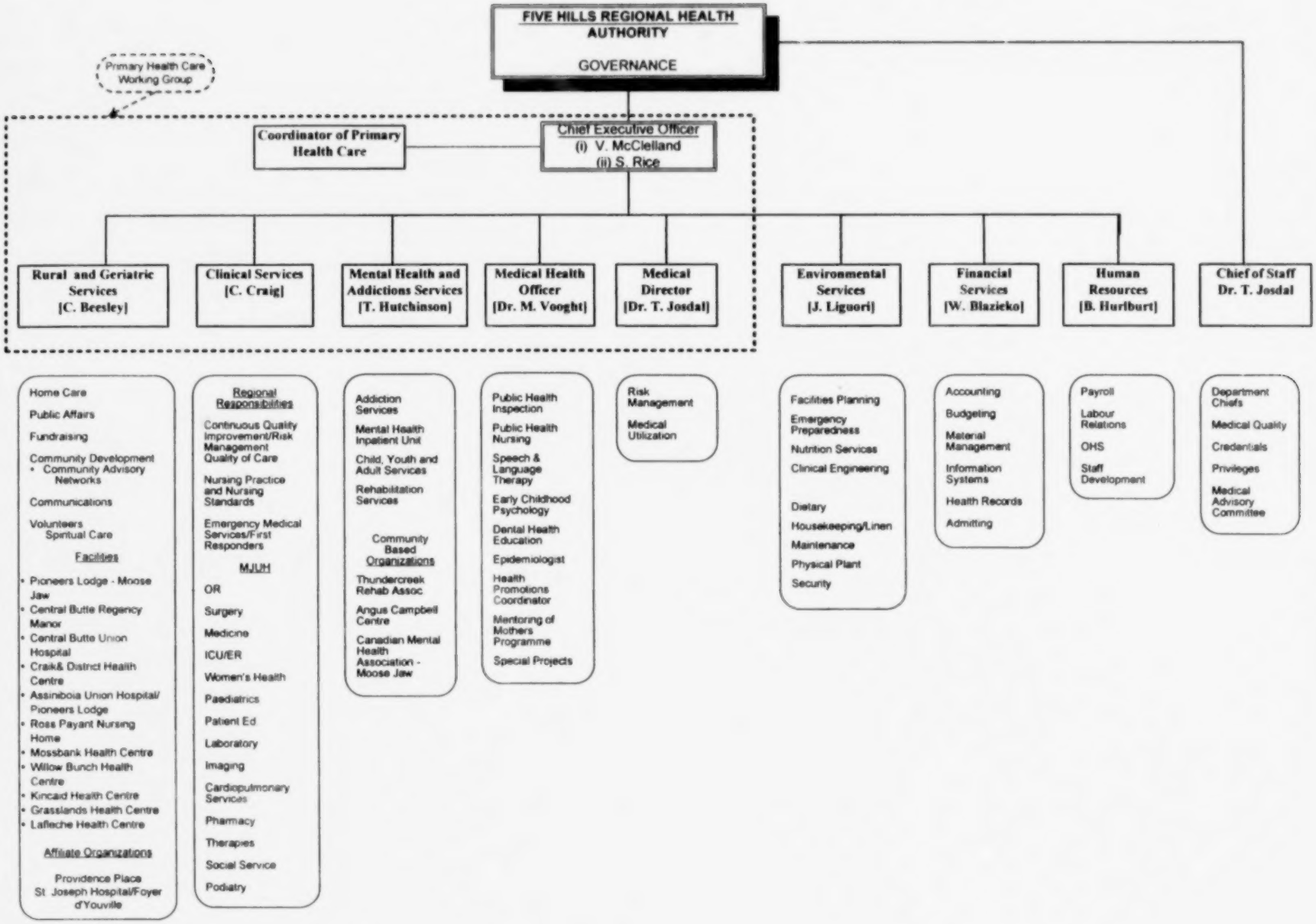
(3) Persons who participate in a community advisory network are not entitled to remuneration with respect to that participation.

Communities and organizations that our health region currently interacts includes but is not limited to the following:

- Central Butte Profiles Committee
- Assiniboia – Capital Project – Town Council
- Assiniboia Civic Improvement Association
- Department of National Defense – 15 Wing
- Housing Authorities
- Regional Economic Development Authorities – Moose Jaw, Assiniboia, Red Coat
- Red Coat School Division
- Borderland School Division
- Golden Plains School Division
- Moose Jaw Public School Division
- Moose Jaw Roman Catholic Separate School Division
- Thunder Creek School Division
- Davidson School Division
- Herbert School Division
- Prairie View School Division
- SIAST - Palliser Campus
- Briercrest College
- Valley View Centre
- Transition House
- Metis Nation
- File Hills Tribal Council
- Municipal Governments
- Central Butte Union Hospital Auxiliary
- Regency Manor Auxiliary
- Tugaske Auxiliary
- Eyebrow Auxiliary
- Elbow Auxiliary
- Craik Auxiliary
- Moose Jaw Union Hospital Auxiliary
- Ross Payant Nursing Home Auxiliary
- Assiniboia Union Hospital Auxiliary
- Pioneer Lodge Assiniboia Auxiliary
- Grasslands Health Centre Auxiliary
- Central Butte and District Foundation
- Craik and District Foundation
- Moose Jaw Health Foundation
- South Country Health Care Foundation
- Kincaid Foundation
- Grasslands Foundation (Rockglen)
- Lafleche Foundation
- Cayer Trust (Willow Bunch)
- Ludlow Trust (Assiniboia)
- Mossbank Trust
- Canadian Diabetes Association (local chapter)
- Canadian Cancer Society (local chapter)
- Canadian Mental Health Association (local chapter)
- Food Security Network
- John Howard Society
- Moose Jaw Families for Change
- Moose Jaw & District Senior Citizens Association
- Cosmo Senior Citizen's Centre
- Medical Advisory Committee
- Unions
- Emergency Response Planning Committee
- Moose Jaw and District Interagency Committee

- Family Support Worker Program (Assiniboia)
- Regional Intersectoral Committee
- Thunder Creek Rehabilitation Association
- Badlands Recreational Committee
- Child and Youth Interagency Committee
- Child Action Committee (Moose Jaw)
- Child Action Group (Assiniboia)
- Moose Jaw Mental Health Housing Committee
- Mental Health and Addiction Services Advisory Committee
- Spiritual Care Committee
- Ethics Committee

The Five Hills Regional Health Authority has a network in place for receiving advice from a number and variety of communities. Primary Health Care development, with its significant community development component, will round out the existing network.


FIVE HILLS REGIONAL HEALTH AUTHORITY
GOVERNANCE
Primary Health Care Working Group
Coordinator of Primary Health Care
Chief Executive Officer
(i) V. McClelland
(ii) S. Rice
Rural and Geriatric Services [C. Beesley]
Clinical Services [C. Craig]
Mental Health and Addictions Services [T. Hutchinson]
Medical Health Officer [Dr. M. Vooght]
Medical Director [Dr. T. Josdal]
Environmental Services [J. Liguori]
Financial Services [W. Blazieko]
Human Resources [B. Hurlburt]
Chief of Staff Dr. T. Josdal
Home Care
Public Affairs
Fundraising
Community Development
• Community Advisory Networks
Communications
Volunteers
Spiritual Care
Facilities
• Pioneers Lodge - Moose Jaw
• Central Butte Regency Manor
• Central Butte Union Hospital
• Craik& District Health Centre
• Assiniboia Union Hospital/ Pioneers Lodge
• Ross Payant Nursing Home
• Mossbank Health Centre
• Willow Bunch Health Centre
• Kincaid Health Centre
• Grasslands Health Centre
• Lafleche Health Centre
Affiliate Organizations
Providence Place
St. Joseph Hospital/Foyer d'Youville
Regional Responsibilities
Continuous Quality Improvement/Risk Management
Quality of Care
Nursing Practice and Nursing Standards
Emergency Medical Services/First Responders
MJUH
OR
Surgery
Medicine
ICU/ER
Women's Health
Paediatrics
Patient Ed
Laboratory
Imaging
Cardiopulmonary Services
Pharmacy
Therapies
Social Service
Podiatry
Addiction Services
Mental Health Inpatient Unit
Child, Youth and Adult Services
Rehabilitation Services
Community Based Organizations
Thundercreek Rehab Assoc
Angus Campbell Centre
Canadian Mental Health Association - Moose Jaw
Public Health Inspection
Public Health Nursing
Speech & Language Therapy
Early Childhood Psychology
Dental Health Education
Epidemiologist
Health Promotions Coordinator
Mentoring of Mothers Programme
Special Projects
Risk Management
Medical Utilization
Facilities Planning
Emergency Preparedness
Nutrition Services
Clinical Engineering
Dietary
Housekeeping/Linen
Maintenance
Physical Plant
Security
Accounting
Budgeting
Material Management
Information Systems
Health Records
Admitting
Payroll
Labour Relations
OHS
Staff Development
Department Chiefs
Medical Quality
Credentials
Privileges
Medical Advisory Committee

MAJOR INITIATIVES / ACCOMPLISHMENTS

The Five Hills Regional Health Authority undertook a number of major initiatives in 2002/03 including:

Major initiatives within Clinical Services

Diabetes: Program proposal for improving Diabetes Care and Management within the Region is being developed.

Clinical Pathways: Continuing work on Clinical Pathways with development of an additional one for Acute Coronary Syndrome. Standardization for specific clinical indications is underway within the Region (ie. Tenektaplase – thrombolytic therapy for MI)

Research: The Region has participates in research projects (i.e. RESCUE which is managed by the cardiologists in our Region).

Anticoagulation Program: There has been further expansion of the anticoagulation program through the Pharmacy Department. The number of visits has doubled from 2002.

Laboratory Accreditation: Laboratory Accreditation for Moose Jaw Union Hospital, Assiniboia Union Hospital and Central Butte Union Hospital was received by the Saskatchewan College of Physicians and Surgeons.

Renovations: Renovations to the Moose Jaw Union Hospital Emergency Department (ER) has resulted in reduced traffic flow through ER, improved organization of activities within the department and improved patient confidentiality.

CT Scanning Program: The Region submitted a CT proposal to the Department of Health for a fixed CT at Moose Jaw Union Hospital and has received approval from the Department of Health.

Surgical Waitlist: Despite vacancies for a period of time in general surgery and urology, our surgical volumes, which showed a significant increase the previous year did not significantly decrease. Significant changes have been made to improve workflow and to improve the utilization of the Operating Room time. Moose Jaw Union Hospital Operating Room and surgeons agreed to pilot the surgical waitlist initiative with the assistance of SHIN and Department of Health (January – March 2003). This requires the full cooperation of all stakeholders and we particularly acknowledge the work done by our staff and our surgeons.

Staff Retention and Recruitment: We continue to support the education of health professionals through student internship/work experiences/practicums. The Quality Workplace Committee of the Moose Jaw Union Hospital Medical Unit continues to meet. The staff on this unit are commended for their dedication to improving their work environment.

Major initiatives within Mental Health Services

Service Review: A review of Mental Health and Addictions Services was completed in September 2002 with a number of recommendations. Many recommendations have been implemented and others are in the planning stage of implementation.

Mental Health Rehabilitation Services: In partnership with Thunder Creek Rehab. Association, a Program Manager was introduced to the services August 2002. Service delivery of psychosocial, educational and vocational programs was initiated January 2003. The Day program was relocated to a community site and integrated with other social recreational and vocational programs. Proposal to expand range of residential options was developed in February 2003.

Addictions Services: A three week adult treatment day program is offered every second month. The program is supported by several volunteers in our community. Educational and clinical services are provided in the alternate high schools. A Community Education Course was offered three times last year with the support of volunteer/other agency participation.

Inpatient Services: A new initiative, Crisis Intervention Program, was introduced to assist in serving clients who have multiple admissions to the Inpatient Unit. Discussions and plans are in process to better serve clients with a Concurrent Diagnosis who are in need of detoxification prior to admission to the Angus Campbell Center. A small pilot project was implemented to promote community reintegration. The project provided clients with community follow-up after discharge (acute mental health home care).

Interagency Social Skills Program: The Social Skills Program continues to operate in four school divisions with about 17 schools participating. There were 19 pullout groups but many schools are now delivering the skills in the classroom setting. In the pullout groups there are about 100 children. There were two facilitator training workshops, one in October and one in March with 57 participants. An information session was provided to community people in Gull Lake as they have expressed an interest in providing the skills program in their schools. Carry the Kettle Reserve has also requested information and assistance in developing a skills program.

Interagency Early Skills Program: This early intervention program is provided in all the day cares in Moose Jaw, as well as preschools and day cares in the rural areas. In total the program is in 16 facilities and provides service to 225 children. This year the program expanded to three additional preschools – Kincaid, Cornerstone Preschool and Sunrise. The program was made possible by a grant from the Moffat Foundation.

Community Connections to Family Literacy: This program is funded through the National Literacy Foundation and is in its second year of operation. A needs assessment was conducted in the rural area and this efforts have been made to assist rural communities in developing literacy programs. Rural communities involved in this initiative include Limerick, Craik, Assiniboia, Mossbank, Briercrest, Rouleau, Eyebrow, Avonlea and Mortlach.

Integrated Case Management Program: This program continues to provide service to children with severe and persistent emotional, behavioural and mental difficulties. At present the coordinator is working with 30 families. New developments include the introduction of mentors to support children and their families and the provision of a summer camp.

Community Youth/Adolescent Program: This program addresses the needs of high risk adolescents from the ages of 16 – 22, by linking them to resources and providing them with supportive services. Many of these young people are paired with independent living coaches. There are presently 32 clients active in this program. This program was originally funded through Population Health. This year the position was moved into Mental Health and is funded by both Mental Health and Education.

Transitions to Employment Program: This Community Youth Services program, mainly funded through Career and Employment or HRDC, provides life skills assistance to youth who are experiencing barriers to employment. There were 14 students for 6 months and another 18 students for 6 months.

Interagency Mentor Program: This program is mainly funded through Education and Mental Health, although other agencies provide reimbursement when they use the service. It provides mentors to children who are not part of the Integrated Case Management Program. There are 37 children receiving service and are mentored approximately four hours per week.

Youth Tobacco Worker: This position provides education and information to schools concerning the use of tobacco. Numerous presentations have been done in the schools.

Recreation and Summer Camp Program: The recreation program is held three times a week for 40 weeks with approximately 30 children attending each night. The summer camping program is held for 8 weeks, 5 days a week for 4 hours a day. 15 children attended this camp.

Kids First: This program is intended to provide intensive services to families identified as high risk. Program components include: home visiting, early childhood intervention, child care, family support and intervention, and mental health and addictions services. It is in its 3rd year and continues to develop. Families identified as high risk began to be admitted to the program in March of 2002. At present there are 27 families in the program

Community Trauma Response: This program is a community initiative that has developed protocols and policies to use in response to crises. In this year there were 10 reported traumatic events and 32 trauma management services which included debriefings, defusing and information and referral services. 139 people were provided service. Two day peer support training was held in April 2002 and there are monthly Trauma Team Development sessions. There are also bi-monthly Community Trauma Response advisory meetings.

Eating Disorders: A Mental Health worker chairs this Interagency Committee which now includes students and focuses on public awareness, education and promotion. A provincial conference on eating disorders was hosted in Moose Jaw.

Training and Workshops: A Solution Focused Therapy workshop (advanced training), sponsored by Mental Health and Addictions Services, was held and included both Health Region and community based staff. ASIST Suicide Training Session was held in November 2002. The provincial Mental Health Clinical Conference was hosted in Moose Jaw in March 2003.

Major initiatives within Rural and Geriatric Health Services

Integration of Home Care Services: There was a smooth integration of home care staff and programs which was initiated in the fourth quarter of the fiscal year, leading to a region-wide home care system, now based on three teams. Clients continue to receive services in a timely and efficient manner. Home care operators are working with operators of personal care homes [with an authorized capacity of 31 or more beds] to transfer nursing care to personal care home professionals in accordance with amendments to the Personal Care Home Act and Regulations.

Licensed Practical Nurses: With a shortage of access to registered nurses in rural facilities, communities like Central Butte and others have been able to utilize Licensed Practical Nurses (LPN's) to their full scope of practice. Staff have been well supported with educational initiatives i.e. special care aide programs and gerontology programs. Continuing education provides an opportunity for learning and for renewal.

Accreditation: The facilities and services in the part of the Region that was South Country District Health underwent the Accreditation Survey by the Canadian Council on Health Services Accreditation in the fall of 2002. This survey date was set following the District's receipt of the Accreditation status three years prior and much work had been done by the Board, management and staff to prepare for this survey in November 2002. The newly formed Region (known as Regional Health Authority #2 at that time) decided to proceed with the survey as planned. Under the AIM (Achieving Improved Measurement) Standards, the old South Country District Health received a three year accreditation with report and focused visit. The accreditation process allows the Canadian Council on Health Services Accreditation and the organization the opportunity to evaluate the quality of the services provided by the organization by comparing those services to nationally accepted standards. The comments and recommendations will assist the organization in improving the care and services provided to the client. This process is very valuable to the Region's Continuous Quality Improvement Program.

Merger of Assiniboia Union Hospital and Pioneer Lodge: Issues with the physical structure of the Pioneer Lodge building and the requirements needed to bring the building up to standard have been identified for several years now. The South Country District Health Board had been exploring options for an alternate use of the building.

In the spring of 2002 one option was pursued to convert the building to Enriched Seniors Housing. In order to proceed, the remaining ten residents at Pioneer Lodge were moved to a wing at the Assiniboia Union Hospital. Invitations were sent to the public in an effort to obtain an interested private individual or group to undertake this project. Two suites were developed in an effort to entice further development. To date this option has not progressed.

With the addition of long term care to Assiniboia Union Hospital an integrated facility was created. Along with the community services provided out of that building (i.e. Homecare, Mental Health Social Worker and Addictions Worker, Physiotherapy and Occupational Therapy) this addition further enhanced the care services delivered and allowed for better utilization of the building. Gradual integration of staff has occurred over the past year. This has allowed for a more efficient utilization of "hard to recruit" human resources such as RN, LPN and RPN's.

Assiniboia Union Hospital Expansion: Approval was received from Saskatchewan Health in the fall of 2002 to proceed with the proposed addition to Assiniboia Union Hospital. Commitment for the community's share of the funding to expand was obtained from the Town of Assiniboia. Approval was obtained from Saskatchewan Health for the new addition to Assiniboia Union Hospital. This $2.9 million project is supported by a grant from Saskatchewan Health in the amount of $1.8 million with the balance coming from the Town of Assiniboia for the local share.

A functional plan has been completed and the anticipated date of completion will be in the summer of 2004. This project will provide for 22 long term care beds (new space) and renovations to the east wing to be used for such acute beds and common areas for the long term care component. These 22 beds will accommodate the current ten residents in the Pioneer Lodge Wing as well as assist in converting some of the double rooms at Ross Payant Centennial Home to single rooms. The goal is over time to convert all the double occupancy at Ross Payant Centennial Home to privates. This will assist in providing an improved quality of care to the residents at Ross Payant Centennial Home.

Physician Coverage – Assiniboia Area: At one point during this fiscal year there were four physicians providing services from Assiniboia. During the year this was reduced to two physicians causing an increased workload on the remaining two physicians.

Clinics at the Mossbank Wellness Centre and Rockglen Clinic are now provided by a physician under contract in order to continue to provide physician services in those areas.

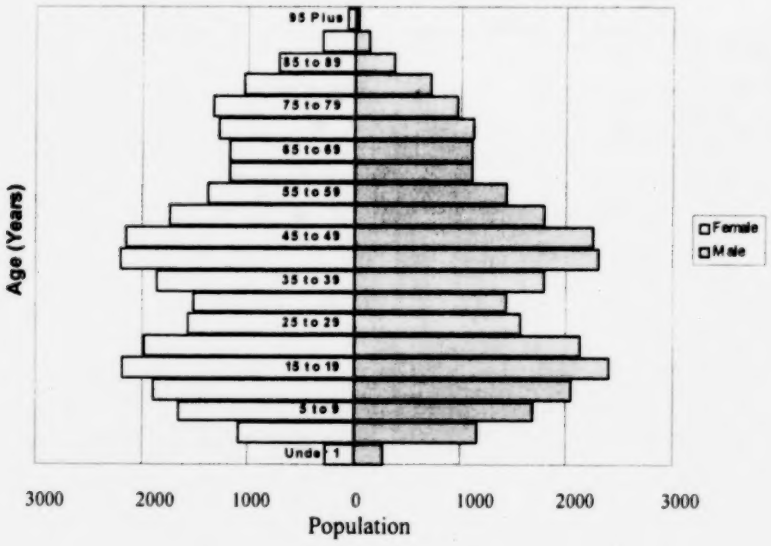
Community Services: Public Health offices in both Assiniboia and Gravelbourg relocated during the last year. The offices in Assiniboia are now located in the old Pioneer Lodge building. The Gravelbourg offices relocated to St. Joseph Hospital/Foyer d'Youville. Public Health Nursing Services are now integrated as a regional service and report to the Manager in Moose Jaw. Likewise, the Homecare Services are now a regional service under the Manager out of Moose Jaw Homecare offices.

REGIONAL ENVIRONMENTAL SCAN

FHHR indicators were derived from the Canadian Institute of Health Information's Structural Framework of Health Indicators from four broad categories of Health Status, Non-Medical determinants of Health, Health System Performance and Community and Health System Characteristics. The source of the data for these indicators is provided by Saskatchewan Health, Regional Hospitals, Canadian Population Health Survey, Canadian Community Health Survey, Breastfeeding Survey and Adult Survey.

Five Hills Health Region Demographics

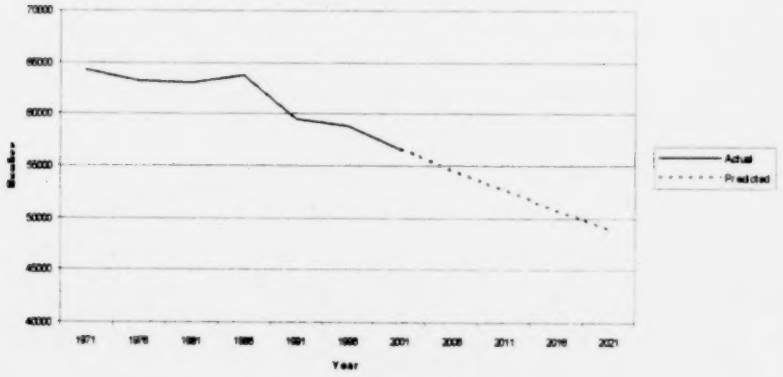
Population Age Distributionfor Five Hills Health Region, 2002



The City of Moose Jaw accounts for the largest portion (61%) of the Region population. The population of the FHHR as of 2002 was 56,420.

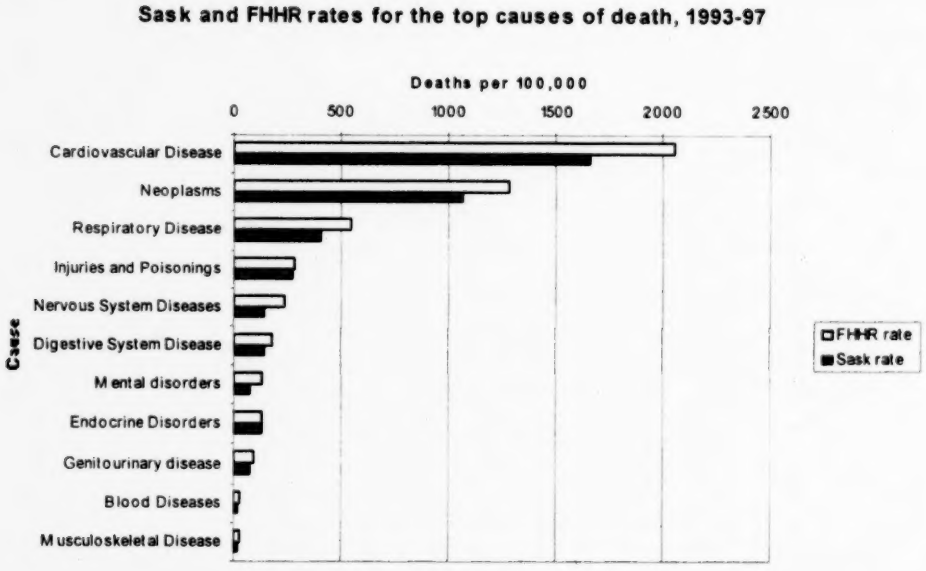
About 22% of the FHHR residents live in towns and villages, 56% live in Moose Jaw and 16% live in RM's.

Population Projection for Five Hills Health Region

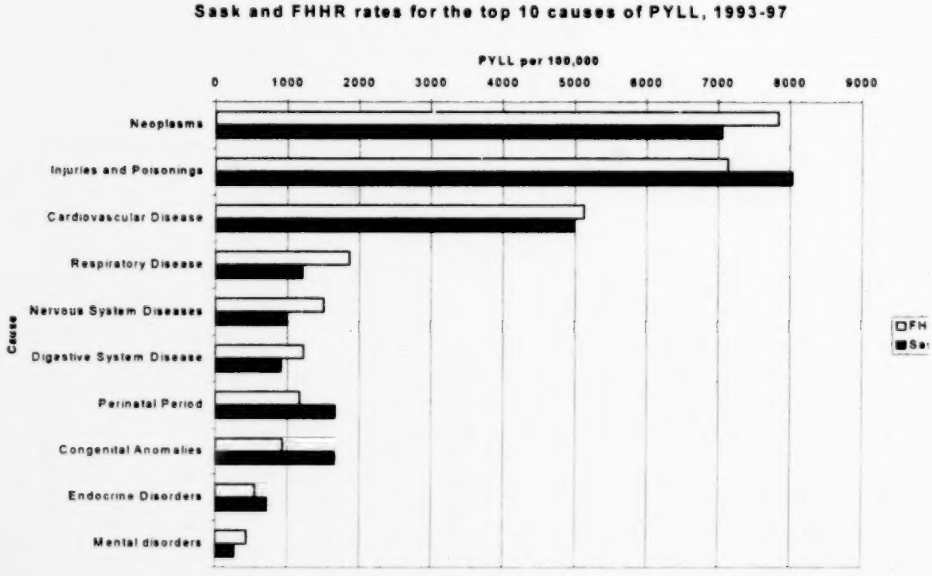


The projected population for the Five Hills Health Region is shown to be steadily decreasing over the next twenty years

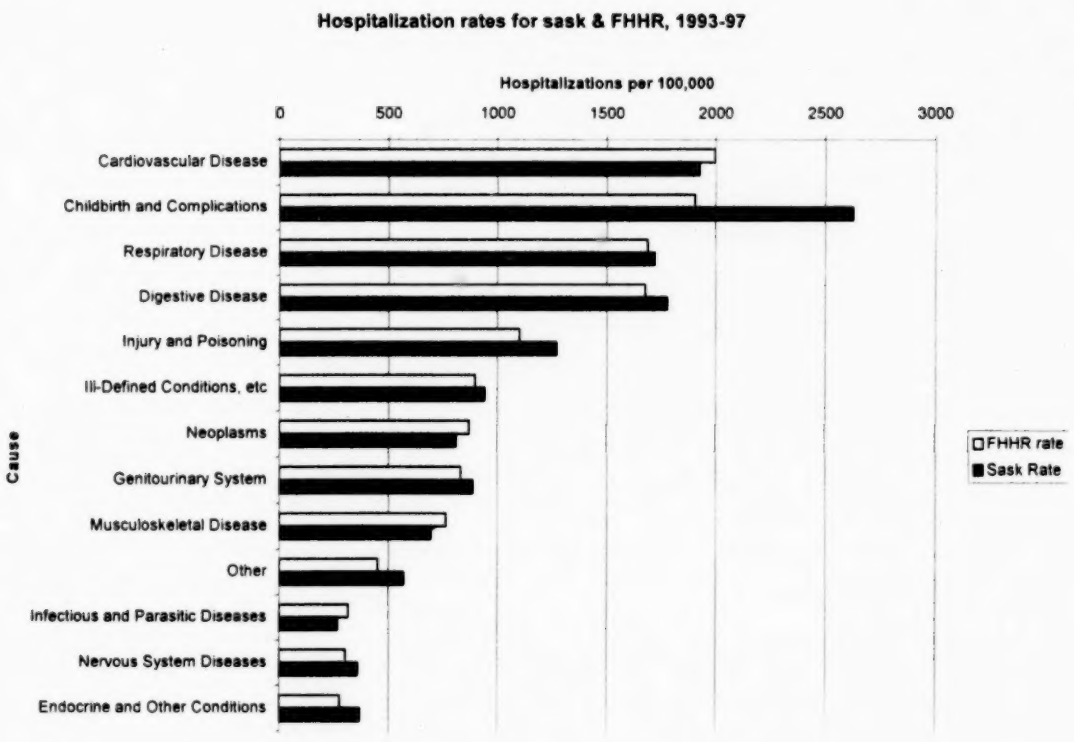
Mortality



Cardiovascular disease, neoplasms, respiratory disease and injuries appear as the top four causes of death in FHHR and the province.



Although death rates from various diseases are important, the measure of premature and preventable death is of more interest since programs and activities may reduce these premature deaths along with associated morbidity.



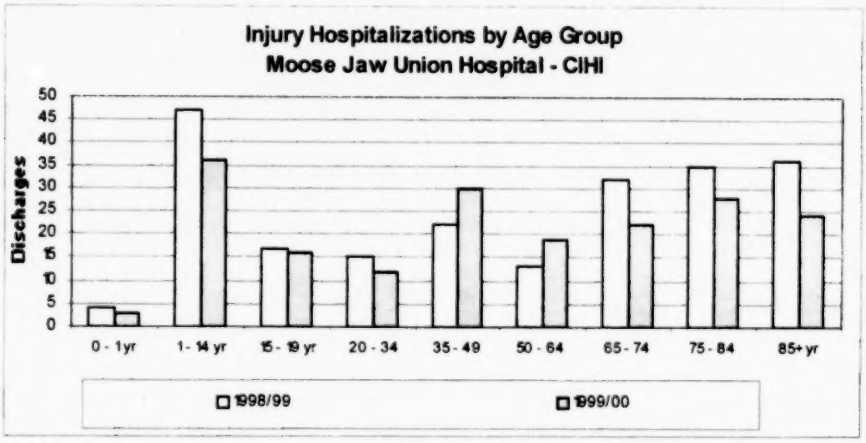
Morbidity

The single highest cause of hospitalization is cardiovascular disease followed by childbirth & complications, respiratory disease, digestive disease and injury. Co-morbidities and health behaviours such as diabetes (an endocrine disease), smoking, sedentary lifestyles, obesity, hypertension, and hypercholesterolemia, impact significantly on cardiovascular disease.

Diabetes: Hospitalizations due to diabetes are distributed through the lifespan, from youth to old age. Complications of diabetes such as cardiovascular disease are listed as separate hospitalization diagnoses. Between 4.9 to 5.8% of Canadians nationally, over the age of 12, have diabetes (1996/97, Canadian Population Health Survey). In Saskatchewan, based on 1996 figures, the overall prevalence rate of diabetes is 3.7 %. In 2001, the prevalence had risen to 4.1%. The likelihood of having diabetes is proportionate to age.

Approximately 90% of diabetic people have Type II Diabetes which is associated with age, obesity, and physical inactivity (Diabetes 2000).

Asthma: Asthma hospitalizations are most common in children and young adults. In 1998-99, in the MJTCHD asthma hospitalizations accounted for 1.7% of all hospitalizations (1.0% in SCDH). Saskatchewan Health estimates that exposure to environmental tobacco smoke raises a child's risk of asthma by 43% and of bronchitis by 46%.



Injury: At the Moose Jaw Union Hospital, injury hospitalizations for children and youth aged 1 to 14 have been higher than for the rest of the population. Five Hills Health Region residents may be hospitalized in other regions as well. According to the Saskatchewan Institute on Prevention of Handicaps document relating to Child Injuries in Saskatchewan, for children under 20 years of age, for the period from 1995-99, the following types of accidents accounted for hospitalizations: falls (25%), self-injury (9%), motor vehicle or traffic (8%), poison (7%), sports (7%) and other (44%).

Life Expectancy : In 1996, life expectancy for both sexes at birth was almost 79 years and 19 years at age 65 for FHHR. This was similar to the province.

Disability-free Life Expectancy: Life expectancy is the number of years a person would be expected to live, starting from birth (for life expectancy at birth) or at age 65 (for life expectancy at age 65), on the basis of the mortality statistics for a given observation period. Disability-free life expectancy is a more comprehensive indicator than that of life expectancy because it introduces the concept of quality of life. It is used to distinguish between years of life free of any activity limitation and years experienced with at least one activity limitation.

Disability-free life expectancy at birth: Canadians born in 1996 were expected to live free of any disability for 68.6 years of their life. For the same year, SK was at 68.3 years, and FHHR was at 68.2 years. Most major urban centres have high disability-free life expectancy at birth as compared to below-average disability-free life expectancy at birth in most of the Far North and rural Atlantic Canada.

Disability-free life expectancy at age 65: In 1996, Canadians aged 65 years were expected to have another 11.7 disability-free years left to live. For the same year, SK and FHHR were both at 12 years. Most high-density metropolitan areas have high disability-free life expectancy at age 65 as compared to below-average disability-free life expectancy at age 65 in most of Northern Canada. Disability-free life expectancy was not significantly different from the national average in the other health regions of Far Northwestern Canada, peer group F, which is comprised of health regions in Northern Canada, mainly in the Prairies, British Columbia and the territories.

Infant Mortality, Teens and Birth Weights:

From 1997-2001, infant mortality in FHHR has been lower than the province most years. Range in FHHR is 1.9 – 8.2 per 1000, averaging at 5.4. The SK IMR ranges from 5.5 – 8.9, with an average of 6.9.

Most babies are born to mothers between 20 and 34 years of age in FHHR. Teen pregnancies in the FHHR reached a peak in 1998 of 12.8 percent of all births. The rate is declining and from interim birth data from 2001, the teen birth rate was 6.7 percent of all births.

High birth weights in the FHHR are down from the 1999 rate of 17.0 % (Saskatchewan 15%) to 15.2% in 2001 (Saskatchewan, 16.3% in 2001).

Low Birth-Weights (LBW) expressed as a % of all births: Between the years 1997 and 2001, FHHR has had more low birth weight babies than the province, except for the years 1997 and 1999. Differing crude birth rates between SK and the FHHR (FHHR consistently has a lower crude birth rate than SK Province), impact on this. Range of % LBW for FHHR: 4 – 6.7% (av. = 5.4; for SK: 5.0 – 5.2 % (av. = 5.1). (Source: SK Health; Dr. Willliam Osei; May 2003). Birthweights are impacted upon by smoking in pregnancy, race, parity, maternal size, socio-economic status, gender of baby, and gestational and maternal age.

Breastfeeding: From then 0-5 Needs Assessment, exclusive breastfeeding to 4 months was significantly below the accepted national rate. This was due in part to the inappropriate use of supplementation of formula or glucose-water and not strictly adhering to the breastfeeding definition. Initiation of "some" breastfeeding was 87%. Only 37% still did "some" breastfeeding at 6 months. The Canadian Paediatric Society, Dieticians of Canada, and Health Canada recommend exclusive breastfeeding for at least the first 4 months of life and continuing with other foods to 2 years and beyond. A second survey will be completed June 2003.

Self-Rated Health Status: In FHHR, 59% of people rated their health as very good to excellent as compared to 56.8% in the province. (CCHS)

Non-Medical Determinants of Health

Income and Social Status; Statistics Canada has unveiled (27th May 30, 2003) a new poverty measure, namely the Market Basket Measure. Looks at poverty rates by geography, taking into account rents and cost of essential food items, amongst others. Saskatchewan is about in the middle of the field at 13.9% of inhabitants living in "market basket" poverty (range: NFLD @ 23.4%, to Ont @ 11%). *(Note: We are In process of drilling down to local poverty levels).*
In FHHR in 1999, 17% of households made less than $20K, 53% made between $20K and $60K and 30% made over $60K. Twelve percent of the FHHR families are single parent and have an average total income of $26,106. The average married total income is $51,790.

Households on government assistance:

For FHHR: As of Jan 31, 1999, approximately 532 families with children were on social assistance; a decrease from Jan 1998 when the figure was 660 families with children. In 1996,

17.4% of children 0-4 were on assistance in MJTCHD. *(1998 0-5 Needs Assessment).* The Moose Jaw Social Service Centre serves most of SCHD, including Assiniboia and Gravelbourg. In 1996, 4.7% of children 0-4 were on assistance in SCHD. *(1999 0-5 Needs Assessment).* From 1997 to 1999, 10% of the MJTCHD population received some form of social service assistance *(Saskatchewan has a rate of 10.1%).*

Education: From the Adult Survey from 1999, 18% of adults had less than a secondary education, 31% had a secondary education, 35% had a trade, diploma or some college/university and 14% had a university degree.

Personal Health Practice: In 1999 in FHHR, 34% of adults smoked (30% in the province smoke), 70% were physically active, 19% had Hypertension and 79% had a blood pressure check in that year (68% in the province).

Body Mass Index: Body mass index (BMI)-Canadian standard, which relates weight to height, is a common method of determining if an individual's weight is in a healthy range based on their height. BMI is calculated as follows: weight in kilograms divided by height in metres squared. The index is: under 18.5 (underweight), 18.5-24.9 (acceptable weight), 25-29.9 (some excess weight) and greater than 30.0(overweight). The index is calculated for those aged 20 to 64 excluding pregnant women and persons less than 3 feet (0.914 metres) tall or greater than 6 feet 11 inches (2.108 metres).

The CCHS OF 2000/01 showed that in the FHHR, 52.5% of those 12 years of age or older, were carrying excess weight, with 20.2% (one-fifth !!) of all respondents being obese.

In the 1999 survey in the then MJTCHD service area, 70% of adults surveyed undertook at least 30 minutes of physical activity at least 3 times a week (Canada: 43%). The implication is that the level of physical activity was overestimated and that the level of activity is disproportionate to the energy consumed. Over-consumption of food with poor nutrient quality (high fat, high sugar, high calorie, low nutrients) contributes to obesity, Saskatchewan's silent epidemic. This results in premature death and morbidity from cardiovascular disease and Type II Diabetes, amongst others. High rates of smoking in FHHR further exacerbate premature deaths due to cardiovascular disease.

Smoking: In FHHR in 1999, 34% of adults between the ages of 19 to 65 smoked compared to the 30% of adults of the same age group in the province. There is a clear social gradient between smoking and income level. For example, the earning $12K to $40K had a smoking rate of 40% whereas those earning over $70K had a rate of 19%.

Health System Performance

Pertussis: There were 843 pertussis cases in Saskatchewan in the year 2000 (82.5/100,000), a decrease from 1128 in 1999 (108.3/100,000). In the year 2000, FHHR had 15 cases of pertussis (26.4/100,000), 6 in 2001 (11/100,000) and 151 in 2002 (268/100,000). The 5 to 12 age group is predominantly affected. The significance of these diseases is that considerable time and staff resources are needed in following up cases and contacts. Also potential for severe disease in trhe very young or immunocompromised. Pertussis in adults and adolescents is thought to be under-diagnosed. [A relatively new vaccine against pertussis (Adacel) is available for people of age 12-54 years. At the moment this is at one's own expense as it is not

included in the provincially funded vaccine programme. Sask. Health is undertaking a cost-benefit analysis, together with other vaccines].

Hepatitis C: The incidence of Hepatitis C was 738 cases (72/100,000) in Saskatchewan in 2002. The incidence in the FHHR was 27 cases (48/100,000) in 2002. In the Province, between 1998 and 2000, 70% of the new cases had IV drug use (IDU) as a risk factor, whereas in FHHR, at least 37% of those who tested positive for Hepatitis C were intravenous drug users. Risk factors could not be determined for some patients.

A harm reduction program for injection drug users was established by Public Health in 2002. It includes appropriate immunizations, serological testing, counselling and referrals to addictions, social services, physicians, etc. As well as a needle exchange program.

HIV: In FHHR for the years 1998 through 2002 there were a total of 6 cases, with an average of 1.2 cases per year.

Emerging health issues for the FHHR

1. Overweight/obesity as an emerging epidemic. Diabetes closely aligned to this.

2. New Infectious Diseases:

    2.1 Novel Viruses:
        2.1.1 SARS (Severe Acute Respiratory Syndrome)
        2.1.2 Pandemic Influenza
        2.1.3 West Nile Virus
        2.1.4 Other novel viruses
        2.1.5 Prion disease such as NvCJD, and potential for contracting this from BSE-infected beef.

    2.2 Contingency Planning for communicable diseases with a major impact (as above) is in progress

3. Ongoing Infectious Diseases:

    3.1 Pertussis outbreak cycles every three years
        3.1.1 Significant staff distraction from other public health activities

    3.2 Sexually Transmitted Infections (STI's)
        3.2.1 Rising rates of Chlamydia

PROGRESS AND RESULTS

Breastfeeding initiatives have been undertaken by the following groups: public health nutrition, public health nursing, Baby Friendly Action Committee, Women's Health Unit, and the Paediatrics Unit. Their focus is to promote, protect, and support breastfeeding within the FHHR as the optimal method of infant feeding. They will be looking at breastfeeding initiation/duration rates, number of staff attending education sessions (education project), and Baby Friendly Initiative (BFI) implemented in region facilities. Second BFI survey will be completed June 2003. Comparison to baseline data will be made and a report distributed to the stakeholders in the fall of 2003.

Smoking Strategy: A Smoking Strategy plan of action for the former Moose Jaw-Thunder Creek Health District was developed in the fall of 1999. Moose Jaw City Council is presently being encouraged to reactivate the Smoking Bylaw Committee.

Injury Tracking: There are limits to the information available on injuries that do not require hospitalization. At the present time, a prospective study or an extensive audit would be needed for collecting data about persons who are injured and seek medical attention from Emergency departments or physician offices/clinics. Information collected to date is mostly from the Moose Jaw Union Hospital. There is a need to establish an injury tracking system that would capture all injuries regardless of whether the patient is hospitalized or not. This would involve rating the causes of injury and consequent interventions and appropriate community development.

Food Security Network: In response to the issue of poverty and food insecurity, a Food Security Committee has formed with various key intersectoral agencies and groups including Public Health Nutrition. The Committee has developed a plan for addressing food security issues and has recently been developing the Good Food Box Project. There are vegetable boxes, fruit bags and dry goods boxes available to order through Public Health Services.

CHALLENGES AND FUTURE DIRECTIONS

0-5 Age Cohort: Community needs for the 0-5 population have been identified in a Community-based Framework Document developed through the local Early Childhood Subcommittee of the Child Action Committee. Community priority areas were identified through an Early Childhood Forum in March 2000 and again through focus groups and another forum in June 2000. The Early Childhood Development priorities include:

- Addressing higher risk family needs through the Kids First Program (early identification, child care, early learning, home support services and other programming).
- Establishing a single point of entry for access of services for children aged 0-5
- Developing Occupational Therapy/Physiotherapy Services for children ages 3 years and older on site at Community Health. Those services currently include assessment and treatment of pre-school and school-age children (half day a week). The need for travel to Regina for paediatric OT/PT services should decrease over time.

Child and Youth (School Age Group): A broadly representative Child & Youth Steering Committee has, via FHHR Public health, undertaken a Child & Youth survey encompassing the FHHR. The process has included an extensive effort to involve stakeholders from education, schools, social services, justice, mental health, and other community groups. Results will be published in 2003. Issues of concern at this time in the child and youth age cohort include:

- teen birth rates
- sexually transmitted infections (Chlamydia)
- injuries and falls
- issues emanating from the spring 2002 Child and Youth Survey in the following categories:
- healthy life choices
- risk-taking
- physical environment
- substance abuse/addictions
- family dynamics, problems, and needs
- violence and injury
- sexuality/teen pregnancy
- self-esteem
- adolescent preventative health

Adult Age Cohort: Issues of concern include:

- cardiovascular disease
- physical activity levels and high BMI (body mass index)
- high BMI's (overweight); obesity is FHHR silent epidemic
- neoplasms
- respiratory disease
- high smoking rate, asthma, chronic obstructive pulmonary disease, bronchitis, emphysema, and other forms of COPD
- together, in 1993-97) the above conditions contributed to 31% of premature deaths due to respiratory disease.
- injuries
- job related injuries, including falls, cuts/lacerations, and recreational injuries
- poverty

- housing
- hepatitis C
- harm reduction program is now available at Public Health Services, includes a Needle Exchange Program (NEP)
- injection drug use is a significant risk factor
- proportionately more adults in the 60-64 year cohort in the next 15 years

Senior Age Cohort: The issues of the adult cohort are also of concern in the senior population. The issue of falls is being investigated with the intention to establish education and prevention programs. Hip fractures, as mentioned earlier in this document, are often a consequence of falls.

Emergency Medical Care: In keeping with the Action Plan, a review of EMS services will be undertaken, particularly focusing on:

- review of training and skills of EMS providers
- review of handling of calls with the goal of all calls being handled through Moose Jaw dispatch
- establishment of performance based contracts with EMS owners/operators in the Region

Hospital Care: To ensure the community hospitals and regional hospital are providing the services as described in the Action Plan, a review of the services will be undertaken with the goal of ensuring sustainability of services.

Surgical Access: The Region will continue to participate in the province's plan for a provincial registry and respond to the challenges in addressing access to service in a timely manner. A particular challenge this Region faces in responding to improving capacity is our infrastructure and the age of our hospital.

Dialysis Unit: The Region continues to explore the development of a Dialysis Unit at Moose Jaw Union Hospital. Serious infrastructure concerns, as well as resource deficiencies are being examined and studied to provide leadership with necessary information to develop a strategy for the initiation of this service.

Retain, Recruit and Train Health Care Providers: In keeping with the Action Plan for health care providers to use their full range of skills, a Nursing Practice Regional Committee will extensively review present staffing compliment in all sectors. In keeping with a commitment to ensure a safe environment for our residents, clients and patients, the Committee will provide the Chief Executive Officer with recommendations on staffing requirements (i.e. most appropriate health professional in the right place at the right time whenever possible).

The recruitment of Registered Nurses continues to be a challenge particularly in specialized areas. This region continues to support RN's in taking required courses such as the Operating Room Course, ACLS (Advanced Cardiac Life Support).

Quality Care: This Region continues to build on the philosophy of continuous quality improvement and will establish indicators in keeping with the province's indicators and accountability framework.

Management's Responsibility for the Financial Statements

The accompanying financial statements and related financial information throughout the Five Hills Regional Health Authority 2002/03 Annual Report have been prepared by Management using generally accepted accounting principles.

Management is responsible for the integrity of the financial data and ensures that relevant and reliable information is reported and assets are safeguarded by maintaining an adequate and appropriate system of internal control.

Management is responsible for the preparation of timely financial statements which are reviewed by the Authority members at its regular meetings.

Stark & Marsh, an independent chartered accountant firm, has examined the Five Hills Regional Health Authority' s financial position at March 31, 2003 and the results of its operations and changes in its financial position for the year then ended. The Auditor's responsibility is to provide an independent opinion on the fairness of the financial statements prepared by Management.

Dan Florizone, B. Comm
Chief Executive Officer

Wayne Blazieko, CMA, MSA, B. Admin
Chief Financial Officer

Moose Jaw, Saskatchewan
June, 2003

FIVE HILLS REGIONAL HEALTH AUTHORITY

FINANCIAL STATEMENTS

For the Year Ended March 31, 2003

AUDITOR'S REPORT

To the Board of Directors, Five Hills Regional Health Authority

We have audited the statement of financial position of the Five Hills Regional Health Authority as at March 31, 2003 and the statements of operations and changes in fund balances and cash flow for the year then ended. The Health Authority Board and management are responsible for preparing these financial statements. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Five Hills Regional Health Authority as at March 31, 2003 and the results of its operations and the changes in its fund balances for the year then ended in accordance with Canadian generally accepted accounting principles.

Stark & Marsh

Chartered Accountants

Swift Current, Saskatchewan
May 14, 2003

STATEMENT OF FINANCIAL POSITION
As at March 31, 2003

	Restricted Funds				
	Operating Fund	Capital Fund	Community Trust Fund	Total 2002-03	Total 2001-02 (Note 9)
ASSETS					
Current assets					
Cash and short-term investments (Schedule 2)	$ 8,135,268	$ 3,958,415	$ 540,471	$ 12,634,154	$ 12,224,298
Accounts receivable					
Saskatchewan Health - General Revenue Fund	1,059,092	1,800,000	---	2,859,092	744,928
Other	714,387	23,347	108,664	846,398	843,838
Inventory	680,910	---	---	680,910	691,002
Prepaid expenses	675,188	---	---	675,188	560,948
	11,264,845	5,781,762	649,135	17,695,742	15,065,014
Investments (Schedule 2) (Market $1,038,322, 2002 - $1,433,655)	70,025	422,387	367,160	859,572	1,249,045
Capital assets (Note 2d) and 3)	---	21,851,827	---	21,851,827	24,011,327
Total Assets	$ 11,334,870	$ 28,055,976	$ 1,016,295	$ 40,407,141	$ 40,325,386
LIABILITIES & FUND BALANCE					
Current liabilities					
Accounts payable	$ 2,382,873	$ 15,728	$ ---	$ 2,398,601	$ 2,402,653
Accrued salaries	1,756,299	---	---	1,756,299	1,349,849
Vacation payable	3,670,563	---	---	3,670,563	3,404,876
Mortgages payable - current (Note 5)	---	80,538	---	80,538	73,915
Deferred Revenue (Note 6)	2,297,490	---	---	2,297,490	2,177,492
	10,107,225	96,266	---	10,203,491	9,408,785
Mortgages payable (Note 5)	---	2,524,833	---	2,524,833	2,605,139
Total Liabilities	10,107,225	2,621,099	---	12,728,324	12,013,924
Fund Balances:					
Invested in capital assets*	---	19,246,456	---	19,246,456	21,035,717
Externally restricted (Note 2 (b)(iii) and Schedule 3)	---	---	1,016,295	1,016,295	1,217,792
Internally restricted (Note 13 and Schedule 4)	201,762	516,189	---	717,951	731,992
Unrestricted	1,025,883	5,672,232	---	6,698,115	5,325,961
Fund balances – (Statement 2)	1,227,645	25,434,877	1,016,295	27,678,817	28,311,462
Total Liabilities & Fund Balance	$ 11,334,870	$ 28,055,976	$ 1,016,295	$ 40,407,141	$ 40,325,386

*Investment in capital assets:

Capital assets	$ 21,851,827
Current portion of mortgage payable	(80,538)
Mortgage payable	(2,524,833)
	$ 19,246,456

See accompanying notes to the Financial Statements

FIVE HILLS REGIONAL HEALTH AUTHORITY
STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES
For the Year Ended March 31, 2003

	Operating Fund			Restricted Funds	
	Budget 2003 (Note 11)	2003	2002 (Note 9)	Total 2003 (Schedule 5)	Total 2002 (Note 9)
REVENUES					
Saskatchewan Health – General Revenue Fund	$70,625,826	$71,817,073	$67,931,559	$ 2,494,276	$ 171,491
Other Provincial Revenue	289,819	320,782	—	—	—
Long-term resident and respite fees	2,580,274	2,635,889	2,625,628	—	—
Home Based Service – client fees	399,691	397,778	399,094	—	—
Emergency response service fees	104,100	87,315	113,530	—	—
CMHC mortgage subsidies	57,755	—	67,887	57,843	—
Federal Funding	—	—	—	—	—
Out-of-province charges & third party reimbursements	747,910	665,739	777,678	—	—
Donations	173,220	51,322	50,756	101,148	320,838
Investment Income	165,493	211,691	270,605	179,627	212,547
Ancillary operations – income	238,518	140,005	189,131	20,733	9,894
Research Grants	—	—	—	—	—
Other	1,261,174	1,746,779	1,771,241	30,329	102,045
	76,643,780	78,074,373	74,197,109	2,883,956	816,815
EXPENSES					
Acute services	30,339,386	30,762,508	28,807,511	1,835,372	1,958,617
Specialized Hospital Programs	333,957	344,315	368,666	—	—
Supportive care services	11,950,602	12,716,221	11,986,418	1,564,513	779,406
Grants to affiliates					
Acute services	1,319,476	1,351,511	1,277,277	—	—
Supportive care services	12,446,726	12,797,452	12,190,947	—	—
Home based services	5,950,373	5,924,726	5,650,751	59,596	22,244
Health Improvement Initiatives	—	—	—	—	—
Health and Wellness Centres	418,571	378,595	426,496	21,535	13,236
Rural/Urban Health Initiatives	1,638,298	1,661,000	1,577,324	—	4,866
Other	—	—	—	—	—
Community Care Initiatives	364,892	341,997	364,503	—	779
Emergency response services	1,510,295	1,638,970	1,477,049	41,959	45,694
Addiction services	974,339	948,625	943,694	—	779
Community Health Services	2,988,719	2,945,394	2,909,366	—	24,307
Primary Health Services	—	5,991	—	—	—
Mental health services	4,931,396	4,971,081	4,572,339	65,142	1,168
Rehabilitation services	1,161,549	1,107,109	1,124,871	—	779
Ancillary operations – expenses	132,333	107,362	111,135	—	—
Total expenses (Schedule 1)	76,460,912	78,002,857	73,788,347	3,588,117	2,851,875
(Deficiency) excess of revenues over expenses	$ 182,868	71,516	408,762	(704,161)	(2,035,060)
Fund balances, beginning of year		1,607,320	1,673,558	26,704,142	28,264,202
Interfund transfers (Note 13)		(451,191)	(475,000)	451,191	475,000
Fund balances, end of year		$ 1,227,645	$ 1,607,320	$26,451,172	$26,704,142

See accompanying notes to the Financial Statements.

FIVE HILLS REGIONAL HEALTH AUTHORITY
STATEMENT OF CASH FLOW
For the Year Ended March 31, 2003

	Operating Fund		Restricted Funds			
	2003	2002	Capital Fund	Community Trust Fund (Schedule 3)	Total 2003	Total 2002 (Note 9)
Cash provided by (used in):	**Operating Activities**		**Financing and Investing Activities**			
Excess (deficiency) of revenue over expenditure	$ 71,516	$ 408,762	$ ---	$ (195,975)	$ (195,975)	$ 55,288
Net change in non-cash working capital (note 16)	660,614	1,071,382	(1,998,336)	(25,256)	(2,023,592)	743,357
	732,130	1,480,144	(1,998,336)	(221,231)	(2,219,567)	798,645
Purchase of capital assets	---	---	(968,342)	---	(968,342)	(1,439,884)
Other equipment expense	---	---	(6,373)	---	(6,373)	---
Grant to Sask. Health Info. Network	---	---	---	---	---	(100,000)
Interest expense	---	---	(190,436)	---	(190,436)	---
Proceeds on disposal of capital assets	---	---	5,741	---	5,741	224
	---	---	(1,159,410)	---	(1,159,410)	(1,539,660)
Mortgage subsidies	---	---	57,843	---	57,843	---
Funding for capital assets – Sask. Health	---	---	2,494,276	---	2,494,276	171,491
Donations	---	---	101,149	---	101,149	320,838
Interest income	---	---	128,764	---	128,764	154,984
Other income	---	---	28,692	---	28,692	111,715
Repayment of debt	---	---	(143,494)	---	(143,494)	(166,181)
	---	---	2,667,230	---	2,667,230	592,847
Net increase (decrease) in cash and investments during the year	732,130	1,480,144	(490,516)	(221,231)	(711,747)	(148,168)
Cash and investments, beginning of year	7,924,354	6,919,210	4,420,127	1,128,862	5,548,989	5,222,157
Interfund transfers (Note 13)	(451,191)	(475,900)	451,191	---	451,191	475,000
*Cash and investments, end of year	$ 8,205,293	$ 7,924,354	$ 4,380,802	$ 907,631	$ 5,288,433	$ 5,548,989
Amounts in cash balances						
Cash and short term investments	$ 8,135,268	$ 7,865,854	$ 3,958,415	$ 540,471	$ 4,498,886	$ 4,358,444
Investments	70,025	58,500	422,387	367,160	789,547	1,190,545
	$ 8,205,293	$ 7,924,354	$ 4,380,802	$ 907,631	$ 5,288,433	$ 5,548,989

See accompanying notes to the Financial Statements.

FIVE HILLS REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As At March 31, 2003

1. Legislative Authority

On August 1, 2002, the Legislative Assembly passed *The Regional Health Services Act* (the Act). This Act created the Five Hills Regional Health Authority (RHA). The Authority is responsible for the planning, organization, delivery and evaluation of health services within the geographic area know as the Five Hills Health Region.

On coming into force, the Act terminated the membership of the individual District Health Boards. All assets, liabilities, rights, and obligations of the District Health Boards continue as the assets, liabilities, rights, and obligations of the Regional Health Authority. All contracts with the District Health Boards remain in effect until repealed or replaced by the Regional Health Authorities.

2. Significant Accounting Policies

These financial statements have been prepared in accordance with Canadian generally accepted accounting principles and include the following significant accounting policies.

a) Amalgamation for former District Health Boards
The two former District Health Boards, Moose Jaw-Thunder Creek and South Country, have been amalgamated in these financial statements using the continuity-of-interests method. All assets, liabilities, revenues and expenses have been combined in both the 2002 and 2003 fiscal years.

b) Fund Accounting
The accounts of the RHA are maintained in accordance with the restricted fund method of accounting for contributions. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund
The operating fund reflects the primary operations of the RHA including revenues received for provision of health services from Saskatchewan Health - General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries, and ancillary revenue. Expenses are for the delivery of health services.

ii) Capital Fund
The capital fund is a restricted fund that reflects the equity of the RHA in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues received from Saskatchewan Health - General Revenue Fund designated for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

iii) Community Trust Fund:
The community trust fund is a restricted fund that reflects community generated assets transferred to the RHA in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the RHA from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between the RHA and the health corporations.

c) Revenue

Unrestricted contributions are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted contributions related to general operations are recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted contributions are recognized as revenue of the appropriate restricted fund.

d) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

Buildings	2.5 to 6.67%
Land improvements	2.5 to 20%
Equipment	5 to 33%

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined.)

e) Inventory

Inventory consists of general stores, pharmacy, laboratory, linen and other. Cost of inventory held is determined on a weighted average basis, except for dietary, linen, laundry, plant maintenance and remote facility inventory which is determined on a first in, first out basis.

f) Investments

Investments are valued at the lower of cost or net realizable value.

g) Pension

Employees of the RHA participate in several multi-employer defined benefit pension plans or a defined contribution plan. The RHA follows defined contribution plan accounting for its participation in the plans. Accordingly the RHA expenses all contributions it is required to make in the year.

h) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian generally accepted accounting principles. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in the period in which they become known.

3. Capital Assets

	March 31, 2003			March 31, 2002
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Land	$ 263,873	$ ---	$ 263,873	$ 263,873
Land improvements	303,153	202,837	100,316	80,707
Buildings	35,905,644	19,660,748	16,244,896	17,759,217
Equipment	21,265,998	16,077,137	5,188,861	5,656,191
Construction in progress	53,881	---	53,881	251,339
	$57,792,549	$35,940,722	$21,851,827	$24,011,327

4. Commitments

a) Capital Assets Acquisitions

At March 31, 2003, commitments for acquisition of capital assets were $38,794 (2002 - $220,629).

b) Operating Leases

Minimum annual rentals under operating leases on property and equipment over the next five years are as follows:

2004	$ nil
2005	nil
2006	nil
2007	nil
2008	nil

5. Mortgages Payable

Title of Issue	Interest Rate	Annual Repayment Terms	2003	2002
Pioneer Housing (Moose Jaw) CMHC, due November 1, 2016	5.375%	$22,877 principal & interest.	$ 221,906	$ 232,675
Pioneer Housing (Moose Jaw) CMHC, due July 1, 2019	6.875%	$7,229 principal & interest	71,279	73,590
Pioneer Housing (Moose Jaw) CMHC, due September 1, 2027	10.50%	$95,747 principal & interest of which $22,188 is subsidized by CMHC. Yielding an effective interest rate of 7.3%	855,769	863,148
Regency Manor CMHC, due August 1, 2019	5.50%	$106,230 principal & interest of which $35,655 is subsidized by CMHC. Yielding an effective interest rate of 0%	1,150,863	1,193,235
Assiniboia Pioneer Lodge CMHC, due October 1, 2024	8.00%	$6,503 principal & interest.	67,409	69,007
Assiniboia Pioneer Lodge CMHC, due November 1, 2018	6.00%	$18,561 principal & interest	189,135	197,226
Assiniboia Pioneer Lodge CMHC, due October 1, 2024	8.00%	$4,729 principal & interest.	49,010	50,173
			2,605,371	2,679,054
Less: Current portion			80,538	73,915
			$ 2,524,833	$ 2,605,139

For each of the mortgages, the RHA has pledged the related buildings of the special care homes as security. Principal repayments required in each of the next five years is estimated as follows:

2004	$ 80,538
2005	90,296
2006	101,373
2007	113,957
2008	128,267
2009 and subsequent	2,090,940

6. Deferred Revenue

Deferred Revenue	Balance Beginning of Year	Less Amount Recognized from Health	Add Amount Received from Health	Less Amount Recognized from Other Sources	Add Amount Received from Other Sources	Balance End of Year
Saskatchewan Health – General Revenue Fund	$ 605,323	$ 182,361	$ ---	$ ---	$ ---	$ 422,962
- Health Improvement Initiatives						
- Workplace Wellness	286,958	---	13,154	---	---	300,112
- Successful Moms	56,146	4,957	---	---	---	51,189
- Family Support & Rehab	37,999	---	10,000	---	---	47,999
- Surgical Access	122,366	---	---	---	---	122,366
- CT Evaluation	16,110	---	---	---	---	16,110
- Diabetes Control	38,075	---	28,708	---	---	66,783
- Operating Room Scheduling	570,000	---	---	---	---	570,000
- Nursing Council	105,362	49,740	---	---	---	55,622
- Regional Planning Committee/RHA	90,000	90,000	---	---	---	0
- Substance Abuse Youth Needs	5,250	---	---	---	---	5,250
- Specialist Physician on Call	892	892	---	---	---	0
- Needle Exchange	3,000	---	6,426	---	---	9,426
- Undesignated Medical Remuneration	---	---	119,780	---	---	119,780
- Primary Health Care	---	---	109,634	---	---	109,634
- Surgical Waitlist Registry	---	---	6,497	---	---	6,497
- Mental Health Clinical Conference	---	---	10,000	---	13,997	23,997
- Water Quality	---	---	26,460	---	---	26,460
- SIMS/PHIS	---	---	10,000	---	---	10,000
Saskatchewan Learning – General Revenue Fund- Kids First	48,088	---	---	---	62,711	110,799
Saskatchewan Community Resources and Employment – General Revenue Fund - Needs Solution Survey	8,001	---	---	---	---	8,001
Other - Special Needs	119,231	---	---	---	4,557	123,788
Other - SGI Acquired Brain Injury	18,650	---	---	---	20,427	39,077
Other – Resource Centre	42,877	---	---	---	---	42,877
Other - miscellaneous	3,164	---	---	1,000	6,597	8,761
Total	$ 2,177,492	$ 327,950	$ 340,659	$ 1,000	$ 108,289	$ 2,297,490

Restricted funding related to general operations from Saskatchewan Health - General Revenue Fund is recorded as revenue as the related costs are incurred.

7. Patient and Resident Trust Accounts

The RHA administers funds held in trust for patients and residents using the RHA's facilities. The funds are held in separate accounts for the patients or residents at each facility. The total cash held in trust as at March 31, 2003 was $8,796 (2002 - $8,701) and are included in the financial statements.

8. Related Party Transactions

These financial statements include transactions with related parties. The RHA is related to all Saskatchewan Crown Agencies such as departments, corporations, boards and commissions under the common control of the Government of Saskatchewan. The RHA is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the RHA is related to other non-Government organizations by virtue of its economic interest in these organizations.

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of the transactions resulting from these transaction are included in the financial statements at the standard rates charged by those organizations and are settled on normal trade terms.

In addition, the RHA pays Provincial Sales Tax to the Saskatchewan Department of Finance on all its taxable purchase. Taxes paid are recorded as part of the cost of those purchases.

	2003	2002
Saskatchewan Association of Health Organizations – expense	$ 3,327,241	$ 3,032,905
Saskatchewan Association of Health Organizations - payable	424,654	356,277
Saskatchewan Energy – expense	308,693	273,474
Saskatchewan Power – expense	588,020	573,070
Saskatchewan Property Management Corporation – expense	436,120	413,945
Sask Tel – expense	251,225	243,453
Valleyview – expense	514,900	464,124
Workers' Compensation Board – expense	839,840	787,720
Workers' Compensation Board – revenue	149,752	397,936
Workers' Compensation Board – prepaid expense	185,793	155,877

9. Comparative Information

a) Certain 2001-02 balances have been reclassified to conform with the current year's presentation.

10. Pension

Employees of the RHA participate in one of the following pension plans. Some employees participate in the Saskatchewan Healthcare Employees' Pension Plan (SHEPP), which is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Saskatchewan Association of Health Organizations (SAHO) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU and HSAS. SHEPP, is a multi-employer defined benefit plan which came into effect December 31, 2002. (Prior to December 31, 2002 this plan was formerly the SAHO Retirement Plan and governed by the SAHO Board of Directors). Other employees participate in either the Public Service Superannuation Plan (a related party) which is also a defined benefit plan, or the Public Employees' Pension Plan (a related party) which is a defined contribution plan, both of these plans are the responsibility of the Province of Saskatchewan. The RHAs financial obligation to the plans is limited to making required payments to match amounts contributed by employees for current services.

Pension expense for the year amounted to $1,703,853 (2002 - $1,518,385) and is included in benefits. Effective the first pay period of the 2003 payroll year, contribution rates increased as follows:

5.04% (4.48% - 2002) of pensionable earnings up to the yearly maximum pensionable earnings (CPP) plus
6.72% (6.16% - 2002) of pensionable earnings above the yearly maximum pensionable earnings (CPP).

11. Budget

The operating budget, which is included in the RHA's Health Plan, was approved by the former District Health Boards and the Minister of Health.

12. Financial Instruments

a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount timing and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

b) Credit risk

The RHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the RHAs receivables are from Saskatchewan Health - General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other Provinces. Therefore, the credit risk is minimal.

c) Fair value

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.

  cash and short term investments
  accounts receivable
  accounts payable
  accrued salaries and vacation payable

- For investments, the fair value is considered to approximate quoted market values.

- The fair value of mortgages and term loan payable before the repayment required within one year, is $2,807,530 (2002 - $3,158,784) and is determined using discounted cash flow analysis based on current incremental borrowing rates for similar borrowing arrangements.

13. Interfund Transfers

Each year the RHA transfers amounts between its funds for various purposes. These include funding capital asset purchases, and reassigning fund balances to support certain activities.

	Operating	Capital	Community Trust	2003 Total	2002 Total
Building renovations	$ ---	$	$ ---	$ ---	$ ---
Capital asset purchases	$ ---	$ ---	$ ---	$ ---	$ ---
CMHC Reserves	$ (451,191)	$ 451,191	$ ---	$ ---	$ ---
Total	$ (451,191)	$ 451,191	$ ---	$ 0	$ 0

14. Affiliates/Health Care Organizations

The RHA has agreements with healthcare organizations to provide services. These organizations receive operating funding from the RHA on a monthly basis in accordance with budget amounts approved annually. During the year, the RHA provided the following amounts to health care organizations:

	2003	2002
Providence Place for Holistic Health Inc.	$ 7,831,556	$ 7,451,750
St. Joseph's Hospital (Grey Nuns) of Gravelbourg	2,815,648	2,641,420
Extendicare (Canada) Inc.	3,862,869	3,681,277
Moose Jaw Alcohol and Drug Abuse Society Inc.	656,954	629,653
Canadian Mental Health Association (Saskatchewan Division)	98,756	121,531
Thunder Creek Rehabilitation Association Inc.	323,465	310,140
	$ 15,589,248	$ 14,835,771

Additional note disclosure is provided below for affiliates of the RHA.

	Providence Place for Holistic Health Inc.	St. Joseph's Hospital	Total 2003	Total 2002
Balance Sheet				
Total Assets	$ 25,607,894	$ 8,044,544	$ 33,652,438	$ 34,591,349
Total Liabilities	2,306,727	608,683	2,915,410	2,734,162
Total Net Assets	23,301,167	7,435,861	30,737,028	31,857,187
	$ 25,607,894	$ 8,044,544	$ 33,652,438	$ 34,591,349

	Providence Place for Holistic Health Inc.	St. Joseph's Hospital	Total 2003	Total 2002
Results of Operations				
Total Revenue	$ 10,458,334	$ 3,984,775	$ 14,443,109	$ 13,993,081
Total Expenses	11,175,867	4,387,401	15,563,268	15,242,288
Excess Revenue over Expenses	$ (717,533)	$ (402,626)	$ (1,120,159)	$ (1,249,207)
Cash Flows				
Cash from Operations	$ 44,129	$ 50,299	$ 94,428	$ (26,583)
Cash used in Financing activities	130,109	91,488	221,597	24,200
Cash used in Investing activities	(143,837)	(89,018)	(232,855)	(210,007)
Increase in cash	$ 30,401	$ 52,769	$ (83,170)	$ (212,390)

15. Volunteer Services

The operations of the RHA utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

16. Net Change in Non-Cash Working Capital

Operating Fund	2003	2002
(Increase) Decrease in accounts receivable	$ (67,887)	$ (1,005,797)
(Increase) Decrease in inventory	10,092	(27,006)
(Increase) Decrease in prepaid expenses	(114,240)	(93,961)
Increase (Decrease) in accounts payable	(59,913)	530,951
Increase (Decrease) in accrued salaries	406,449	497,864
Increase (Decrease) in vacation payable	265,687	405,276
Increase (Decrease) in deferred revenue	220,426	764,055
	$ 660,614	$ 1,071,382

Capital Fund	2003	2002
(Increase) Decrease in accounts receivable	$ (1,716,673)	$ 688,205
Increase (Decrease) in accounts payable	(281,663)	78,479
	$ (1,998,336)	$ 766,684

Community Trust Fund	2003	2002
(Increase) Decrease in accounts receivable	$ (25,256)	$ (23,327)
	$ (25,256)	$ (23,327)

17. Foundations

Fundraising efforts were undertaken through various non-profit business corporations such as the Moose Jaw Health Foundation Incorporated, the Central Butte & District Health Care Foundation, the Craik & District Health Care Foundation Inc. and the South Country Health Care Foundation Inc. During the year, the Foundations provided funding of $46,778 (2002 - $323,814) for capital acquisitions.

Additional note disclosure is provided below for the Moose Jaw Health Foundation Incorporated. Current year financial information was not available and therefore prior year information is provided.

Moose Jaw Health Foundation Incorporated

Balance sheet	2002	2001
Total assets	$ 2,187,904	$ 1,884,945
Total liabilities	87,360	90,712
Total net assets	2,100,544	1,794,233
	$ 2,187,904	$ 1,884,945

Results of Operation		
Total revenues	$ 659,343	$ 1,214,476
Total expenses	353,032	491,021
Excess of revenue over expenses	$ 306,311	$ 723,455

Total expenses include contributions of $152,251 (2001 - $186,067) to the RHA

Cash flows	2002	2001
Cash from operations	$ 129,694	$ 166,250
Cash used in financing and investing activities	(2,177)	(11,688)
(Decrease) increase in cash	$ 127,517	$ 154,562

FIVE HILLS REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXPENSES
For the Year Ended March 31, 2003

	2003	2002
Operating:		
Ambulance Service Grants	$ 1,317,821	$ 1,090,703
Ancillary	---	---
Benefits	6,841,645	6,080,804
Professional Fees	157,194	167,060
Diagnostic Imaging Supplies	259,366	272,574
Drugs	992,697	918,357
Food	900,250	902,555
Grants to third parties	15,589,248	14,835,771
Housekeeping & Laundry Supplies	907,994	781,434
Information Technology Contracts & Licenses	141,842	121,535
Insurance	128,390	110,831
Interest Expense	---	181,156
Laboratory Supplies	718,383	671,573
Medical & Surgical Supplies	1,273,169	1,355,683
Medical Remuneration & Benefits	2,452,580	2,344,115
Office Supplies & Other Office Costs	309,218	327,720
Other	1,540,396	1,776,694
Prosthetics	499,402	264,871
Purchase Service	1,000,775	861,365
Rent/Lease	316,249	332,332
Repairs & Maintenance	1,111,810	1,080,819
Salaries	39,187,332	37,127,853
Telephone	251,225	243,453
Travel Expense	840,923	747,927
Utilities	1,264,948	1,191,162
Total Operating	$ 78,002,857	$ 73,788,347
Restricted		
Amortization	3,317,223	2,723,217
Loss on disposal of fixed assets	---	---
Other	270,894	128,658
	$ 3,588,117	$ 2,851,875

FIVE HILLS REGIONAL HEALTH AUTHORITY
SCHEDULE OF INVESTMENTS
For the Year Ended March 31, 2003

	Amount	Maturity	Effective Rate	Coupon Rate
Restricted Investments				
Cash and Short Term				
Chequing and Savings:				
Bank of Montreal	$ 4,162,805			
RBC Dominion Securities	1			
	$ 4,162,806			
Bond/Mutual Fund:				
Royal Bank Cdn Money Mkt	$ 35,518			
Province of British Columbia	300,562	02/23/04	5.24%	5.24%
	$ 336,080			
	$ 4,498,886			
Long Term				
Province of Saskatchewan	$ 110,900	07/15/04	5.00%	5.00%
Government of Canada	24,687	03/01/05	12.00%	12.00%
Province of Saskatchewan	100,000	07/15/05	5.75%	5.75%
Province of Saskatchewan	8,100	07/15/05	5.75%	5.75%
Ontario Hydro	21,577	02/06/06	5.41%	5.41%
Farm Credit Corporation	18,270	11/15/06	6.00%	6.00%
CIBC	68,958	01/07/07	11.60%	6.86%
Province of British Columbia	357,839	08/23/13	8.50%	6.81%
Province of Saskatchewan	11,600	07/15/07	3.25%	3.25%
Ontario Hydro	67,616	06/02/08	4.49%	4.49%
	$ 789,547			
	$ 5,288,433			
Unrestricted Investments				
Cash and Short Term				
Chequing and Savings:				
Bank of Montreal	$ 7,965,586			
Royal Bank	109			
RBC Dominion Securities	1			
CIBC	410			
CUCORP	160,409			
Cash on hand	8,753			
	$ 8,135,268			
Long Term				
Province of Saskatchewan	$ 58,500	07/15/05	5.75%	5.75%
Province of Saskatchewan	3,300	07/15/07	3.25%	3.25%
Ontario Hydro	8,225	06/02/08	4.49%	4.49%
	$ 70,025			
	$ 8,205,293			
Total Investments	$ 13,493,726			

Restricted Investments consist of: community generated funds transferred to the RHA and held in the Community Trust Fund (Schedule 3); and replacement reserves maintained under mortgage agreements with the Canada Mortgage and Housing Corporation (CMHC) and/or Saskatchewan Housing Corporation (A Division of Saskatchewan Municipal Government) (SHC) are held in the Capital Fund (Schedule 4).

FIVE HILLS REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXTERNALLY RESTRICTED FUNDS
(COMMUNITY TRUST FUND EQUITY)
For the Year Ended March 31, 2003

Trust Name	Balance Beginning of Year	Investment & Other Revenue	Donation	Expenses	Withdrawals	Balance End of Year
Moos e Jaw Union Hospital - Haggerty	$ 69,771	$ 3,043	$ ---	$ ---	$ ---	$ 72,814
Moos e Jaw Union Hospital – Elsom/Mutrie	11,650	48	---	---	---	11,698
Craik Health Centre	103,831	2,508	---	---	---	106,339
Thunder Creek Home Care	807,736	57,673	---	40,782	---	824,627
Rockglen	218,485	4,198	---	222,683	---	---
South Country	797	20	---	---	---	817
Total	$ 1,212,270	$ 67,490	$ ---	$ 263,465	$ ---	$ 1,016,295

Schedule 4

FIVE HILLS REGIONAL HEALTH AUTHORITY
SCHEDULE OF INTERNALLY RESTRICTED FUND BALANCES
For the Year Ended March 31, 2003

	Balance Beginning of year	Investment income allocated revenue	Transfer from unrestricted fund Annual allocation	Transfer to unrestricted fund Expenses	Transfer to investment in capital asset fund balance	Balance end of year
Assiniboia Pioneer Lodge	$ 80,243	$ 1,540	$ 23,866	$ (13,848)	$ (12,717)	$ 79,084
Pioneer Housing – Lodge (Moose Jaw)	145,977	3,670	14,833	---	---	164,480
Pioneer Housing – Village (Moose Jaw)	124,364	3,060	12,000	---	(4,067)	135,357
Regency Manor	134,068	3,200	---	---	---	137,268
Elder Care Study – operating fund	247,340	---	---	(45,578)	---	201,762
Total	$ 731,992	$ 11,470	$ 50,699	$ (59,426)	$ (16,784)	$ 717,951

The RHA is required to maintain certain replacement reserves as a condition of receiving a subsidized mortgage or a mortgage interest subsidy from the Canada Mortgage and Saskatchewan Housing Corporation.

The above schedule shows the changes in these reserve balances during the year.

Schedule 5

FIVE HILLS REGIONAL HEALTH AUTHORITY
SCHEDULE OF RESTRICTED FUND BALANCES
For the Year Ended March 31, 2003

	Capital Fund 2003	Community Trust Fund 2003 (Schedule 3)	Total 2003	Total 2002 (Note 9)
REVENUES				
Saskatchewan Health - General Revenue Fund	$ 2,494,276	$ ---	$ 2,494,276	$ 171,491
Other Provincial Revenue	---	---	---	---
Long-term resident and respite income	---	---	---	---
Home Based Service – client fees	---	---	---	---
Emergency response service fees	---	---	---	---
CMHC mortgage subsidies	57,843	---	57,843	---
Federal Funding	---	---	---	---
Out-of-province charges & third party reimbursements	---	---	---	---
Donations	101,148	---	101,148	320,838
Investment Income	128,765	50,862	179,627	212,547
Ancillary operations – income	20,733	---	20,733	9,894
Research Grants	---	---	---	---
Other	13,701	16,628	30,329	102,045
	2,816,466	67,490	2,883,956	816,815
EXPENSES				
Acute services	1,835,372	---	1,835,372	1,958,617
Specialized Hospital Services	---	---	---	---
Supportive care services	1,341,830	222,683	1,564,513	779,406
Grants to affiliates:				
Acute services	---	---	---	---
Supportive care services	---	---	---	---
Home based services	18,814	40,782	59,596	22,244
Health Improvement Initiatives:				
Community health, wellness and social centres	21,535	---	21,535	13,236
Rural Health Initiatives	---	---	---	4,816
Other	---	---	---	---
Community Care Initiatives	---	---	---	779
Emergency response services	41,959	---	41,959	45,694
Alcohol and drug services	---	---	---	779
Community health services	65,142	---	65,142	24,307
Primary Health Services	---	---	---	---
Mental health services	---	---	---	1,168
Rehabilitation services	---	---	---	779
Ancillary operations - expenses	---	---	---	---
Total expenses (Schedule 1)	3,324,652	263,465	3,588,117	2,851,875
(Deficiency) excess of revenues over expenses	(508,186)	(195,975)	(704,161)	(2,035,060)
Fund balances, beginning of year	25,491,872	1,212,270	26,704,142	28,264,202
Interfund transfers (Note 13)	451,191	---	451,191	475,000
Fund balances, end of year	$25,434,877	$ 1,016,295	$26,451,172	$26,704,142